



Texas Department of Insurance
Division of Workers' Compensation
 7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1609
 512-804-4000 • 512-804-4001 fax • www.tdi.state.tx.us

BENEFIT REVIEW CONFERENCE (BRC) INFORMATION FOR INJURED WORKERS

INCOME BENEFIT ISSUES: When the insurance carrier disputes the injured worker's entitlement to or amount of income benefits. Income benefits include temporary income benefits (**TIBs**), impairment income benefits (**IIBs**), supplemental income benefits (**SIBs**), and lifetime income benefits (**LIBs**). A party should be prepared to discuss the following information at a BRC on an income benefit dispute.

Definition of Terms

"Benefit" means a medical, income, death, or burial benefit based on a compensable injury. See **§401.011(5)**.

"Income Benefit" means payment to an injured worker for a compensable injury. See **§401.011(25)**.

"Disability" is defined under **§401.011(16)**.

"Maximum Medical Improvement" is defined under **§401.011(30)**.

"Impairment Rating" is defined under **§401.011(25)**.

"Doctor" is defined under **§401.011(17)**.

"Designated Doctor" is defined under **§401.011(15)**.

"Application for Supplemental Income Benefits" is defined under rule **§130.101(1)**.

"Qualifying Period" is defined under rule **§130.101(4)**.

"First Quarter" is defined under rule **§130.101(2)**.

"Subsequent Quarter" is defined under rule **§130.101(6)**.

"Good Faith Effort" is defined under rule **§130.102(d)**.

"Required Medical Exam" is an exam required by the Division to address the appropriateness of health care or other similar issues.

Temporary Income Benefits (TIBs) Issues:

To receive this income benefit, an injured worker must show that he/she has suffered disability (a loss of wages because of the injury) and has not reached maximum medical improvement.

Forms/Documents

- DWC-21 or PLN-11, Carrier's Notice of Disputed Issue(s) and Refusal to Pay Benefits.
- DWC-73, Work Status Report – showing an inability to work, or a release to return to with restrictions from your doctor. The dates shown on this report should be applicable to the period of disability in dispute.
- Doctor's narrative resulting from a required medical examination, if any.
- Pay stubs showing current earnings.
- Any additional information that may show whether the injured worker has disability from the compensable injury.

Impairment Income Benefits (IIBs) Issues:

To receive this income benefit, an injured worker must have been assigned a whole body impairment rating of 1% or greater by an authorized doctor after having reached maximum medical improvement for a compensable injury. A designated doctor is selected by the Division to address disputes over impairment ratings and/or maximum medical improvement issues that have not become final.

Forms/Documents

- DWC-21 or PLN-11, Carrier's Notice of Disputed Issue(s) and Refusal to Pay Benefits.
- DWC-69, Report of Medical Evaluation – from the treating doctor, referral doctor, designated doctor, or carrier's doctor, that supports the date of maximum medical improvement and/or impairment rating being pursued.
- Letter(s) of Clarification from the Designated Doctor.
- Finality of a DWC-69 – In addition to the first DWC-69 form –
 - Evidence of delivery/receipt of the first DWC-69.
 - Evidence of improper diagnosis/inadequate treatment/improper use of guides.

Supplemental Income Benefits (SIBs) Issues:

To receive this income benefit after IIBs expire, an injured worker must have an impairment rating of at least 15%, not be working or returned to work earning less than 80% of his/her average weekly wage, did not receive their IIBs in a lump sum payment, and have tried to obtain employment consistent with his/her ability to work. The filing of Division form DWC-152, Application for Supplemental Income Benefits, is required.

Forms/Documents recommended for BRC:

- DWC-21 or PLN-11, Carrier's Notice of Disputed Issue(s) and Refusal to Pay Benefits.
- DWC-152, Application for Supplemental Income Benefits. The application must document a good job search each week of the qualifying period.
- Medical Report, if any: addressing limitations from the impairment of the compensable injury or that explains a total inability to work during the qualifying period in question.
- Functional Capacity Evaluation (FCE), if any.
- Designated Doctor Report, if applicable.

health care or other similar issues.
See §408.004.

Lifetime Income Benefits (LIBs) Issues:

To receive this income benefit for a catastrophic injury, an injured worker must show that they meet at least one of the criteria listed under Texas Labor Code Ann. §408.161(a). For total loss of use issues, the test is whether the member possesses any substantial utility as a member of the body or whether the condition of the injured member keeps the claimant from getting and keeping employment requiring the use of the member. For a traumatic injury to the brain, the injured worker must show “incurable insanity or imbecility.” For dates of injuries on or after June 17, 2001, a new category was added for injured workers’ who sustain 3rd degree burns.

Forms/Documents

- DWC-21 or PLN-11, Carrier’s Notice of Disputed Issue(s) and Refusal to Pay Benefits.
- Medical Report – which help to show that the injured worker has one of the criteria listed under §408.161.

Exchange of Information

- Must be exchanged with DWC and other parties per Rule 141.4.
- Must be exchanged no later than 14 days prior to a BRC (5 days if BRC was expedited).
- Bring information that is obtained **after** the exchange deadline to the conference in sufficient copies for filing and exchanging at the conference.